


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90129 048 \*\*\*\*50.00

<b>DOCUMENT # L03000005854</b>					
<b>1. Entity Name</b> JEM INVESTMENTS, LLC					
<b>Principal Place of Business</b> 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181			<b>Mailing Address</b> 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181		
<b>2. Principal Place of Business</b> 1911 HARRISON STREET Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1911 HARRISON STREET Suite, Apt. #, etc.		
City & State HOLLYWOOD, FLORIDA			City & State HOLLYWOOD, FLORIDA		
Zip 33020		Country U.S.A.		Zip 33020	
Country U.S.A.		<b>4. FEI Number</b> 04292004 Chg-LLC CR2E083 (10/03)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> JACOBS, ERIC A ESQ. 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181			<b>7. Name and Address of New Registered Agent</b> Name JACOBS, ERIC A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1911 HARRISON STREET City HOLLYWOOD FL Zip Code 33020		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, ERIC A 12550 BISCAYNE BLVD. NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, ERIC A 1911 HARRISON STREET HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 04/19/04	
				Daytime Phone # (954) 929-0679	